VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS

Clinical Utilization Review Board (CURB)
September 22, 2021

PRESENT:

Board Members: Joshua Green, ND; Nels Kloster, MD; Michael Rapaport, MD

DVHA Staff: Katie Collette, RN, Clinical Operations Nurse Case Manager; Christine Ryan, RN, Nursing Operations Director; Scott Strenio, CMO and meeting facilitator;

Guest: Pat Jones, Deputy Director of Payment Reform, DVHA

ABSENT: Thomas Connolly, DMD; John Matthew, MD; Valerie Riss, MD

Meeting Handouts:

- September meeting agenda
- Minutes – May 2021 and July 2021
- Imminent Harm Code PPT
- Alignment of quality measures PPT

CONVENE: Dr. Scott Strenio convened the meeting at 6:35 pm.

1.0 Introductions and Acknowledgments

Dr. Strenio welcomed all to the meeting and facilitated introductions of DVHA staff, Board members, and public guests including attendees from fiscal agent, Gainwell.

2.0 Review and Approval of Minutes

Review and approval of minutes from the May and July 2021 meetings was deferred until quorum is established at a future meeting.

3.0 Old Business

Updates – Dr. Strenio

Hypertension Performance Improvement Project

During the July CURB meeting, one Board member inquired about the duration of involvement of the health coaches in the pilot that OneCare Vermont implemented. Dr. Strenio outreached staff from OneCare with knowledge about the pilot who confirmed that the health coaches were involved for the entirety of the pilot, or 8 months.

Work to Update Gender Pronouns on Forms and Documents

Christine Ryan provided the update that DVHA recognizes that changes to DVHA forms which include gender pronouns, needs to occur. She reports that this will be approached from an Agency level to ensure a cohesive and consistent approach.

Legislative Updates – Christine Ryan

H.430 (Act 48)

Christine Ryan provided an update on Act 48. Work is underway toward operationalizing payment for healthcare services for this population with the goal to have this work completed and a payment mechanism implemented for a 2022 effective date.

One board member commented that he had historically been involved in developing a proposal around providing care to the Vermont immigrant farmworker population and one cost-effective strategy that they identified for this care delivery was to provide reimbursement for the healthcare providers to travel to the farm setting to provide the care. This mitigated barriers posed by lack of transportation for the farmworkers and was less costly then arranging transportation to the care facility.

H.960 (Act 140)

Christine Ryan provided an update on Act 140 (2019-2020 session), an act relating to miscellaneous health care provisions, as it relates to DVHA, to review the medical procedures and tests for which they require prior authorization at least annually and eliminate the ones that are no longer justified. DVHA's report is expected to be submitted by September 30th to the Legislature.

DVHA PA Workgroup Proposals – Christine Ryan

Christine Ryan provided an update on the prior authorization (PA) proposals presented during the July CURB meeting. DVHA is currently working with fiscal agent, Gainwell, to identify steps for operationalizing the changes in the claims system, determining feasibility, and establishing a timeframe.

DVHA has initiated discussions with accountable care organization (ACO) group OneCare Vermont to review the proposed PA changes and discussed potential impact to the Vermont Medicaid ACO attributed population. For example, one of the PA proposals around physical therapy includes extension of the PA requirement for the entire pediatric population instead of only the non-ACO attributed Vermont Medicaid population. These PA proposals were made based upon several considerations including; the alignment of payment methodology for ACO and non-ACO attributed member population, (e.g. in working toward value-based care, aligning bundled payment for services parallel to other payers). Dr. Strenio added that clinical considerations weighed into the PA proposals that aim to extend PA requirements to the entire Vermont Medicaid population.

Remote Patient Monitoring – Dr. Strenio

Dr. Strenio reviewed the discussion from the July 2020 CURB meeting specific to remote patient monitoring also known as telemonitoring. DVHA is working to update Health Care Administrative Rules (HCAR) related to telemedicine and at current, coverage of remote patient monitoring or telemonitoring, is limited to congestive heart failure diagnosis. Dr. Strenio reviewed with the Board that DVHA is working to assess changes around service delivery enacted during the public health emergency for permanent adoption, particularly services for

which benefits were identified in care delivery and access, e.g., telemedicine. Expansion of indications for remote patient monitoring is one area DVHA is exploring. The CURB was queried for insight on this topic.

One Board member discussed the work of a local physician that specializes in abuse treatment to obtain grant funding for a device that allows safe delivery of medication assisted treatment in the home setting instead of the provider office. The member added that when appropriate, this device could decrease the number of visits patients receiving MAT would need to make to the office, possibly reducing transportation costs and interruption to the patient's schedule/life.

Dr. Strenio asked the Board to forward additional thoughts around indications/conditions where remote patient monitoring would be valuable by October 8th, 2021.

4.0 **New Business**

ACO/DVHA Quality Measures – Pat Jones, Deputy Director of Payment Reform, DVHA

Pat Jones, Deputy Director of Payment Reform, DVHA provided a presentation on health care quality measurement and alignment of measures across payors. Pat reviewed the background of the Vermont all-payer ACO model agreement. Vermont Medicaid's participation in the ACO is an agreement between the state of Vermont and the Centers for Medicare and Medicaid services (CMS). The all-payor model allows the three main payers of healthcare in Vermont - Medicaid, Medicare, and commercial insurance to pay an ACO differently than through fee-for-service. Pat reviewed that without this agreement, Medicare would not have been allowed to pay differently therefore it is an essential part of our Healthcare Reform efforts. This agreement is a first in the nation model. The agreement was signed in October of 2016 and was the first of 3 steps in creating the model. Three steps comprise the agreement including, 1) development of an agreement between CMS and VT to provide opportunity for private-sector, provider-led reform, 2) development of an agreement between an ACO and payers, and 3) and agreement between the ACO and the providers.

The quality framework that DVHA negotiated with the federal government includes 22 carefully selected measures divided into three broader categories including population health outcomes, health care delivery system quality targets, and process milestones. The data comes from consumer surveys, medical records, claims, hospital discharge data, and health department information. This data and input are used to develop related quality programs. Vermont has three overarching population health goals across the all-payer ACO model including 1) improving access to primary care, 2) reducing deaths from suicide and drug overdose, and 3) reducing prevalence and morbidity of chronic disease. The State Health Improvement Plan informs these goals.

Vermont Medicaid worked with CMS to choose appropriate quality metrics to measure based on these three overarching population health goals, all falling within the three broader categories (population health outcomes, health care delivery system quality targets, process milestones). Medicare, Blue Cross Blue Shield, and MVP also all selected quality metrics to measure based on the same overarching population health goals relevant to each payer population.

Pat concluded the presentation with an in-depth review of a diagram of the various 2020 all-payor model quality measures and participation by payer. One Board member inquired about the duration of the quality measures. Pat reviewed that the State's agreement with CMS for the ACO was ending in 2022 however are actively working on a new agreement.

One Board member asked about level of involvement/engagement of community partners in working on improving quality measure performance. Pat reviewed that part of the Vermont ACO contract includes incorporation of care models for members with complex health needs and work to developed integrated care teams. Pat noted that that the State wants to see community partnerships and work to address health disparities. She noted that the COVID-19 pandemic has highlighted health disparities and this, as indicated by the federal government, will be a strong focus going forward.

Another Board member asked if provider compensation particularly at the primary care level, is incorporated into negotiation discussions. He noted that care settings where member's with the most complex care needs are initially encountered and engaged face rapid turnover related to poor compensation and thus have relatively inexperienced providers addressing some of the most complex patients. The Board member noted that this occurs in BAART treatment settings for example. Pat confirmed that workforce gaps and deficiencies were consistent themes that DVHA was hearing across care settings from mental health agencies to high tech nursing programs. She added that state leaders are aware of this. The Board member added that sometimes it takes spending money to make money.

Another Board member reviewed a discrepancy in the distribution of the shared savings from meeting quality metrics for provider participation in the ACO based upon practice size. He reported that as a provider at an independent practice with a small number of providers, their practice was unable to receive benefit of shared savings from the ACO when quality metrics were met. In short, he stated, this means that there is no incentive or benefit for small independent practices to participate in the ACO. The group discussed that the geographic far reaches of Vermont where there may be smaller, independent practices with fewer resources may impact ACO provider participation. Pat noted the Federally Qualified Health Centers that deliver care in these regions participate in the ACO but these are the areas that may represent opportunities to gain provider participation in the ACO.

Imminent Harm Code Review and Vote – Christine Ryan

This discussion was deferred to a future meeting when board member quorum is present in order to complete the business of voting.

5.0 **Closing**

Adjournment – CURB meeting adjourned at 8:01 PM

Next Meeting

November 17th, 2021
Time: 6:30 PM – 8:30 PM
Location: Microsoft Teams and Waterbury State Office Complex